



**COMMENTS OF THE
AMERICAN DENTAL EDUCATION ASSOCIATION
ON THE DISCUSSION DRAFT OF THE PRELIMINARY
FRAMEWORK FOR EQUITABLE ALLOCATION OF
COVID-19 VACCINE**

SUBMITTED BY

**KAREN P. WEST, D.M.D., M.P.H.
ADEA PRESIDENT AND CEO**

SEPTEMBER 4, 2020

The American Dental Education Association (ADEA) is The Voice of Dental Education. ADEA members include all 68 U.S. dental schools, over 1,000 allied and advanced dental education programs, over 60 corporations, and more than 20,000 individuals. As the sole national organization representing academic dentistry, both dentists and the allied health professions, we submit the following comments in response to the request.

ADEA concurs with *The National Academies'* Committee on Equitable Allocation of Vaccine for the Novel Coronavirus recommendation that "high-risk workers in health care facilities," including clinicians, such as dentists and dental hygienists, need to be among the first to receive the COVID-19 vaccine. Additionally, ADEA supports the Committee's recognition and inclusion of other members of the dental health care team, such as dental assistants, dental therapists, and dental laboratory technicians.

Furthermore, it should be noted that the dental and dental allied students as well as the medical and nursing students who are providing patient care in these same health care facilities are also at high-risk and should be included in this definition.

In communities across the country, dental school clinics are part of the dental safety net, delivering dental care to the economically disadvantaged, the uninsured and underinsured, and those residing in rural and urban health deserts. According to the Health Resources and Services Administration, the United States has more than 6,300 dental shortage areas where 60 million people do not have adequate access to dental care. In academic year 2016-2017, U.S. dental school clinics provided much needed dental care during 2.7 million patients' visits.

When the COVID-19 crisis erupted, university campuses closed the dental school clinics, which function as dental hospitals within the dental school buildings, and only remained open to handle emergency cases, with faculty and residents providing the

majority of care. However, even though this emergency care remained available, the majority of patients—many of them Medicaid or Children’s Health Insurance Program beneficiaries—were not able to receive needed care because of safety precautions instituted for the providers. It is essential to ensure that practicing educator clinicians, students, and staff of these dental academic school facilities and hospitals receive the vaccine to protect them from the elevated risk they face as they provide the much needed dental care to those unable to afford private practice fees. This is important to the overall health and well-being of the dental workforce and to the patients they care for.

The relationship between oral and systemic health has long been well documented in the literature. Periodontal disease found in the oral cavity has been associated with a number of general health conditions, including heart disease and diabetes. HIV can now be detected with saliva samples rather than more invasive testing methods. Dental caries is the leading chronic disease among children, impacting 25% of those aged 2-5 years and 50% aged 6-8 years.¹ All of these realities justify the Committee’s conclusion that oral health professionals are vitally important to primary care.

ADEA commends the Committee for its thoughtful and difficult task and welcomes this opportunity to share our views.

¹ Slade GD, Grider WB, Maas WR, & Sanders AE. Water fluoridation and dental caries in US children and adolescents. 2018. JDR 97(10), 1122-1128.